

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 013 ***150.00

DOCUMENT # P02000002026

1. Entity Name
Ocala Commons, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5 Corona Ct.

Suite, Apt. #, etc.

City & State

Palm Coast

Zip

32137

Country

Flagler

3. Mailing Address

138 Palm Coast Pkwy. N.E.

Suite, Apt. #, etc.

334

City & State

Palm Coast FL

Zip

32137

Country

Flagler

4. FEI Number

36-4521583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence P. O'Reilly

Street Address (P.O. Box Number is Not Acceptable)

5 Corona Ct.

City

Palm Coast

FL

Zip Code

32137

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

Lawrence P. O'Reilly

(NOTE: Registered Agent signature required when reinstating)

2-11-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Lawrence P. O'Reilly 5 Corona Ct Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Eileen M. O'Reilly 5 Corona Ct. Palm Coast, FL 32137
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eileen M. O'Reilly Eileen M. O'Reilly 2-11-03 386-446-8813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)